CITY OF TITUSVILLE DEPARTMENT OF HEALTH  Establishment Rite Aid #4616  Location 208				No. of Risk Factor/Interventions Violations  No. of Repeat Risk Factor/Intervention/Violations  DO  E. Central Ave.					Current Expiration 2/15/2019 Phone		
License Permit			Purpose of Inspection   Est Type   Routine   Follow-up   FS   RS			Risk	Risk Category High Medium Low				
		FOODBORNE ILLNES	_			_		INTERVENTIO	NS		
TAL		ited compliance status (IN, OUT, N/O, NOT = not in compliance N/O = no					COE co	Mark "X" in appro rected on-site duri	•	•	alatio
714	- III compliance	Compliance Status	C ODSEIVED	cos	R	plicable		mpliance Stat	<u> </u>	K - repeat vic	cos
		Demonstration of Knowledge						Hazardous Foo		perature	
_		Certification by accredited program,			16	16 IN OUT N/A N/O Proper cooking time & temperatures					
1	IN OUT	compliance with Code, or correct resp	onses		17	IN C	OUT N/A N/O	Proper reheating	proc for hot he	olding	
		Employee Health			18	+	OUT N/A N/O	Proper cooling ti	<del></del> -		
2	IN OUT	Management awareness; policy prese			19		OUT N/A N/O	Proper hot holdi	<u> </u>		
3	IN OUT	Proper use of reporting, restriction & Good Hygienic Practices	exciusion		20		OUT N/A N/O	Proper cold hold Proper date mar			
4	IN OUT N/O	Proper eating, tasting, drinking, or tobac	cco use		22	-	OUT N/A N/O	Time as public h	•		
5	IN OUT N/O	No discharge from eyes, nose, and m									
***************************************	Pi	eventing Contamination by Hands						Consumer A			
6	IN OUT N/O	Hands clean & properly washed			23	INO	UT N/A	Consumer advisor undercooked for		raw or	
7	IN OUT N/A N/O	No bare hand contact with RTE foods					Hia	hly Susceptible		S	
8	IN OUT	approved alternate method properly  Adequate handwashing facilities supplie			24	IN O	UT N/A	Pasteurized food			
·		accessible Approved Sources					, 	Chemic	:al		
9	IN OUT	Food obtained from approved source			25	IN O	UT N/A	Food additives: a		rly used	
10	IN OUT N/A N/O	Food received at proper temperature			26	IN O	UT N/A	Toxic substances used	properly identifie	d, stored &	
11	IN OUT	Food in good condition, safe & unadu	ılterated				Conform	ance with App	roved Proce	dures	
12	IN OUT N/A N/O	Required records available: shelf stoc			27	IN O	UT N/A	Compliance with	variance, speci		
- V - V V V V V V V V V V V V V V V - V V - V V V - V V V - V V - V V - V V - V V - V V - V V -	the second state of the second state of the second	parasite destruction  Protection from contamination						process, & HACC	.г ріан		
13	IN OUT N/A	Food separated & protected				Risk factors are improper practices or procedures identified as the most					
14	IN OUT N/A	Food-contact surfaces: cleaned & san Proper disposition of returned, previo			<u></u>	contributing factors of foodborne illness or injury. Public Health Interver control measures to prevent foodborne illness or injury.			tions		
15	IN OUT	served, reconditioned & unsafe food	ualy								
					ETAIL P						
Mark "	Go <b>X" i</b> n box if num	ood Retail Practices are preventative me bered item <b>is not</b> in compliance <b>Mar</b>	asures to c <b>k "X"</b> in ar	ontrol propi	l the addit riate box f	on of p or COS	athogens, chemi and/or R <b>COS</b> :	cals and physical o =corrected on-site	bjects into food during inspectio	s. on <b>R</b> =repea	t viol
				cos	R					······································	cos
		Safe Food and Water						Proper Use of	Utensils		
28	Pasteu	rized eggs used where required			41		In-use utensils	: properly stored			
29		& ice from approved source	4 4 -		42	+	Utensils, equip & linens: properly stored, dried & handled Single-use& single-service articles: properly stored & used				
30	Varian	ce obtained for specialized processing m Food Temperature Control	ietnous		43		Gloves used p	-	s: properly stor	ea & usea	
		cooling methods used; adequate equip	ment for					nsils, Equipmen	and Vending		
31		temperature control  Plant food properly cooed for hot holding			45		Food & non-fo	od contact surface			
31 32		Approved thawing methods used			46	ļ <u>.</u>	designed, constructed & used  Warewashing facilities: installed, maintained, used: test strips			test strips	
	Thermometers provided & accurate				47		Non-food contact surfaces clean				
32	Food Identification					Physical F					
32 33 34	1 .	roperly labeled; original container			48		<del></del>	ter available; adeq alled; proper backfl			
32 33					50	+	i	ste water properly			
32 33 34 35	F	s, rodents & animals not present; no				-	<u> </u>			classed	
32 33 34 35 36	Insect unauth	norized persons	dienta:			<ul> <li>Toilet facilities: properly constructed, supplied &amp; cleaned</li> <li>Garbage &amp; refuse properly disposed; facilities maintained</li> </ul>					
32 33 34 35	Insect unauth Contan	orized persons ination prevented during prep, storage & c	display				Garbade & ref			· · · · · · · · · · · · · · · · · · ·	
32 33 34 35 36 37	Insecti unauth Contan Persor	norized persons	display					ies installed, maint			
32 33 34 35 36 37 38	Insection unauth Contain Persor Wiping	orized persons nination prevented during prep, storage & o al cleanliness	display		52		Physical facilit		ained & clean	used	

		FOOD	ESTABLISHMEN'									
CITY O	F TITUSVIL	l.F		GREASE TRAP IN		1124119						
DEPARTMENT OF HEALTH				Yes	No Date							
Establishment			Address/City/State/Zip C	lode	Phone							
Rite Aid #4616		208 E. Central Ave.			731-6539							
TEMPERATURE OBSERVATIONS												
Item/Location Temp		Item/Location	Temp	Item/Location	Temp							
Mill	7	370										
ILC Cocum		-11										
tices.	(zod	-3										
	<del></del> :				-							
	-											
			ORCEDVATIONS AND	CORDECTIVE ACTION								
			OBSERVATIONS AND	CORRECTIVE ACTIONS								
Item	Violatio	ns cited in this report mu	st be corrected within the	time frames below or a	s stated in sections 8-40	15 11 of the food code.						
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Person in Charge (Signature) Shelly Burchonousili Date: 1/24/19												
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		NHK N	<i>SSO</i> ()			1124/18						
Inspector (S	Signature)				Date: _	1/27/()						